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Evaluation Report

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An Evaluation of the Alcohol, Tobacco and Other Drug Abuse Prevention Programs in Montana Schools

Office of Public Instruction

2001

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A SELF-EVALUATION REPORT OF MONTANA SCHOOLS

IN THE

SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES PROGRAM

2000-2001

DATE DUE

JUN 21 2002					
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Prepared by the

Office of Public Instruction
Safe and Drug-Free Schools and Communities Program

March 2001

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A SELF-EVALUATION REPORT OF MONTANA SCHOOLS

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INTRODUCTION

Many Montana communities have been developing comprehensive and coordinated efforts over the past few years to curb violence and drug abuse. However, for state agencies, it took a state law (**Interagency Coordinating Council for State Prevention Programs)** to require state agencies to develop a coordinated set of prevention services to increase the effectiveness of state and federal prevention initiatives. The **Interagency Coordinating Council for State Prevention Programs (ICC)** includes seven state agency directors, a representative from the Montana Children's Trust Fund (a governor-appointed committee dealing with child abuse prevention), and two persons from the private or nonprofit sectors appointed by the governor who have had experiences related to prevention programs and services.

The ICC statute states that the ICC is to "develop, through interagency planning efforts, a comprehensive and coordinated prevention program delivery system that will strengthen the healthy development, well-being, and safety of children, families, individuals, and communities." To address this duty, the ICC has focused its prevention efforts on the following goals:

- **Reduce child abuse and neglect by promoting safety and healthy family functioning,**
- **Reduce youth use of tobacco, alcohol and other drugs by promoting alternate activities and healthy lifestyles,**
- **Reduce youth violence and crime by promoting the safety of all citizens,**
- **Reduce school dropout by increasing the percentage of Montana high school students who successfully transition from school to work, postsecondary education, training and/or the military, and**
- **Reduce teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy and child-rearing are serious responsibilities.**

It must be noted that these goals are interrelated, since drugs and alcohol are often involved in the other four areas of high-risk. Thus, school districts reviewing these ICC

goals should realize that their violence and drug and alcohol prevention efforts at a local level are key to addressing these statewide prevention goals.

The Safety and Health Enhancement Division of the Office of Public Instruction has implemented and administered a number of prevention programs that will assist in achieving these goals: Safe and Drug-Free Schools and Communities, Tobacco Use Prevention, and HIV/ AIDS/STD.

The 1993 legislation also required that the ICC develop benchmarks for measuring to what degree state prevention programs have accomplished the five ICC goals. (**Note: To learn more about the ICC and its Prevention Resource Center, contact the Center at (406)-444-9772 or its website at www.state.mt.us/prc.)**

Just as the ICC must evaluate its progress in reaching its goals, Congress has given the U.S. Department of Education the responsibility for evaluating how effective state and local prevention programs, using federal dollars, are in dealing with violence and drug abuse issues. A recently released analysis on the federal Safe and Drug-Free Schools and Communities (SDFSC) program found that few school districts and communities use science-based programs that effectively reduce drug abuse and violence. Science-based programs, as described by the U.S. Department of Education, are to be based on four principles: (1)a thorough assessment of objective data about drug and violence problems in schools and local communities, (2)provide activities that meet measurable goals and objectives for drug and violence prevention, (3)based on research and evaluation that gives evidence that effective strategies are used to prevent or reduce drug use and disruptive behavior, and (4)evaluated periodically to assess progress toward achieving goals and objectives.

To assist Montana schools in developing science-based programs, the Office of Public Instruction biennially sends the **Comprehensive Program Checklist for Alcohol, Tobacco and Other Drug Abuse Prevention Programs (ATODA)** so that school districts can objectively assess their progress in developing and implementing prevention programs. This instrument not only assesses a district's progress, but also provides the ICC with data that describes to what degree Montana schools and their communities have developed and implemented prevention programs that address the ICC goals of "reducing youth use of tobacco, alcohol and other drugs by promoting alternate activities and healthy lifestyles" and "reduce youth violence and crime by promoting the safety of all citizens."

To understand the health risks state and local prevention programs must address, the following table provides an overview of the multiyear trend of selected health risk behaviors of Montana's high school-aged youth:

Health Risk Behavior Trends of Montana High School-Aged Youth

(Percent of Youth Engaging in the Selected Behavior)

Source: Montana Youth Risk Behavior Survey (OPI)

Selected Health Risk Behaviors	*1993*	*1995*	*1997*	*1999*
Ever used alcohol	83	84	84	86
Current/recent alcohol use	56	58	59	58
Binge use (5 or more drinks in a few hours)	42	43	44	44
Drink while driving	24	27	27	23
Ever smoked tobacco (cigarettes)	70	73	73	70
Current/routine cigarette use	19	23	25	23
Current/recent chewing tobacco use	24	23	21	18
Ever used marijuana	27	35	45	45
Current/recent marijuana use	14	20	27	26
Ever used cocaine	5	6	10	10
Ever injected illegal drugs	3	3	3	3
Been offered, sold or given illegal drugs on school property (past year)	22	30	35	30
Carried a weapon recently	26	23	24	20
Carried a weapon recently on school property	14	12	12	9
Been in a physical fight (past year)	42	36	32	32
Seriously considered suicide (past year)	25	22	24	19
Attempted suicide (past year)	9	9	8	7

In reviewing the **Health Trends** table it is obvious that these health risks are not only widespread but have attendant **health and social problems** that add to their complexity, increase the cost of treatment, and necessitate the need for comprehensive, coordinated and long-term prevention programs. Solutions to any of these health risks must incorporate the resources of the family, school and community.

According to a six-year study conducted by Cornell University, prevention programs targeting middle school students and designed to teach the students self-management techniques, general social skills, and skills for resisting the influence to use drugs were found to be effective in reducing the use of alcohol, tobacco and other drugs by up to 60 percent by the time the students graduated when compared to students who did not receive the prevention education program (Western Center for Drug-Free Schools, 1994).

Schools have been implementing comprehensive prevention education programs and curricula at all grade levels by: integrating them into the health curriculum, reinforcing prevention in student and staff disciplinary policies, providing student and employee assistance programs, instituting collateral training programs for staff and community members, and offering programs for students beyond the curriculum.

This evaluation report described below reflects through its data the extent schools have developed and implemented long-term, comprehensive ATODA prevention programs.

SURVEY PROCEDURES

During the fall of 2000 the ***2000-2001 Comprehensive Program Checklist for Alcohol, Tobacco and Other Drug Abuse Prevention Programs*** (commonly known as the ATODA checklist) was distributed to all school districts via the prime applicant participating in the Safe and Drug-Free Schools and Communities (SDFSC) program. (See Appendix A.) There were 415 public school districts, either singly or in consortia, participating in the 2000-2001 SDFSC program. These districts represent 91 percent of all public school districts in Montana in 2000-2001.

The purpose of the checklist was to assess each district's **entire** alcohol, tobacco and other drug abuse prevention program, regardless of its funding source. By completing the ATODA checklist, participating school districts could use it as a self-evaluation instrument to determine the progress districts were making in developing prevention programs and in identifying their strengths and weaknesses. Furthermore, it would help the Office of Public Instruction and districts plan future directions for prevention programs.

The ATODA checklist contains 53 items that describe ATODA prevention program components and the key elements in implementing these components. Each item received a score ranging from 0 (not addressed at all) to 4 (completely addressed) based on the judgement of district staff.

ANALYSIS

General Analysis

The ATODA checklist is organized into four sections:

- Implementation and Integration,
- Programs for Students and Collateral Programs for Adults,
- ATODA Curriculum, and
- Expanded Programs.

The checklist items for the first three sections were answered numerically on a scale from 0 to 4 (with 0 being not addressed at all, and 4 being fully addressed). The fourth section was answered with a "yes" or "no" response. (Appendix B contains graphs of selected checklist items that provide a comparison among the 1994-95, 1996-97 and 1998-99 findings.)

The data from the 2000-2001 ATODA checklist, as that from previous years, for the first three sections, showed that many Montana school districts have continued to implement comprehensive ATODA programs, although some areas need more development.

Comprehensive Program

An eight-item subset (representing the basic components of a comprehensive program) of the 47 questions in the first three sections was analyzed. (This subset actually exceeds the basic requirements of the Safe and Drug-Free Schools and Communities program.) The eight-item subset includes:

- advisory committee formed
- parent programs
- employee assistance program
- peer programs
- drug-free alternative activities
- K-12 student assistance program
- K-12 ATODA curriculum
- ATODA curriculum for all

The data from these items showed that 5 percent (21 districts) of the participating districts had a fully-implemented comprehensive ATODA prevention program. Altogether, 27 percent (112 districts) of the participating districts had fully implemented five or more of the basic framework components. Conversely, 73 percent (302 districts) had implemented four or fewer of the basic framework components of a comprehensive program. (See Appendix B, Figure B-1.) In 2000-2001 fewer districts had fully implemented a majority of the basic framework components as compared to the number of districts that had done so in 1998-1999.

Reviewing the district-reported results for the eight-item subset (See Appendix B, Figures B-3 through B-10), it was apparent that certain elements of a comprehensive program were

more difficult for districts to implement including the following:

- a student assistance program (29 percent of districts did not have any level of a SAP),
- an employee assistance program (26 percent of districts did not have any level of an EAP),
- peer tutoring or peer training programs (20 percent of districts did not have any level of peer tutoring or training), and
- establishing an advisory council (24 percent of districts did not report having an advisory council). In fact, less than one-half (34 percent) of districts reported having an established advisory council. (The SDFSC Act has always required advisory councils.)

Components easily implemented included:

- providing parents an opportunity to learn about ATODA (89 percent of districts provide this educational opportunity to parents),
- providing drug-free alternative activities (93 percent of districts offer drug-free alternative activities),
- providing a developmentally appropriate and sequential ATODA curriculum (94 percent of districts provide such curriculum), and
- providing the ATODA curriculum to all students (96 percent of districts provide an ATODA curriculum to all students).

A comparison of the level of implementation of the eight items of a comprehensive ATODA program for the 1996-97, 1998-99, and 2000-01 school years can be found in Appendix B, Figures B-3 through B-10.

Other Significant Program Elements

Other items from the checklist indicate a significant effort by districts to develop support for their ATODA prevention programs:

- 59 percent of districts reported incorporating a student use survey of some type (many use the OPI-sponsored Montana Youth Risk Behavior Survey),
- 42 percent of participating districts have fully implemented some form of program assessment on a regular basis (only 5 percent have not conducted some form of program assessment; however, under the U.S. Department of Education's

"*Principles of Effectiveness and Performance Indicators*," all districts are required to conduct program assessment in order to receive Safe and Drug-Free Schools funding),

- 99 percent of districts have fully established an ATODA policy for students and 92 percent have a policy for staff,
- 58 percent of participating districts have adopted a policy on ATODA education,
- 65 percent of districts have conducted staff training for one-half or more of their staff (only 7 percent have not provided any staff training), and
- 80 percent of districts are implementing prevention programs that are based on current research.

Appendix B, Figures B-11 through B-16 and Figure B-18, provide more information on these program elements.

Expanded Programs

The results from Section IV of the checklist showed that many districts have implemented activities beyond classroom-based curriculum programs. These activities are shown in the following table and in Appendix B, Figures B-17 and B-19 through B-22.

Activity	**Percent of Districts With Activity in Place**		
	1996-97	1998-99	2000-2001
MHSA's Aim Higher Program	45	42	44
Dropout prevention program	77	76	71
Programs for at-risk students	45	49	51
Smoking prohibition policy	95	92	97
Gun-free schools policy	94 *	96 *	96*

* This finding was of interest because Montana law requires all school districts to adopt a gun-free schools policy.

RECOMMENDATIONS

The findings of the 2000-01 survey reinforce previous recommendations in past OPI ATODA assessment reports. Thus, state and local efforts must continue to provide effective and measurable prevention and education programs to ensure that the Safe and Drug-Free Schools and Communities Act of 1994 has been addressed and that the U.S. Department of Education's principles of effectiveness have been met.

The recommendations are:

1. **The Office of Public Instruction should continue to communicate program expectations to local school districts and project directors. Guidance information such as the document "*Principles of Effectiveness and Performance Indicators*" should be provided to and used by all recipients of SDFSC funding.**

2. **The Office of Public Instruction must continue to require programs at the local level to be based on current research and provide the necessary technical assistance and materials to meet that requirement.**

3. **The Office of Public Instruction should work with the Montana Board of Crime Control and the Northwest Regional Assistance Center to provide materials and inservice education to address the weaknesses identified by this report.**

4. **School-based programs should be part of a larger, more comprehensive effort that includes the home and community.**

5. **The Office of Public Instruction must continue student risk behavior surveys and share the information with all school districts and youth-serving agencies.**

6. **The Office of Public Instruction should continue to emphasize the need for local program assessment, provide necessary assistance, periodically conduct self-reported reviews of local programs and provide an analysis of results of these reviews.**

7. **Local school districts must conduct a systematic program evaluation of their ATODA prevention programs an integral part of their overall prevention effort.**

8. **Local school districts should use the expertise of other districts in developing prevention programs and be willing to share their successes and failures.**

9. **ATODA prevention programs should be integrated within a comprehensive Health Enhancement program.**

10. **Prevention programming should include violence prevention efforts.**

11. **Local school boards must adopt policies prohibiting smoking by students and staff in all school buildings used for instructional and library services for children.**

12. **Local school boards must adopt policies that provide for expulsion of any student who brings a gun to school. The local policy must also provide for the referral of such students to the juvenile justice system. Schools must be in compliance with Montana law specific to Gun-Free Schools.**

REFERENCES

Drug-Free Schools and Communities: Program Planning Guidelines and Community Inventory, 1991, containing material reprinted with permission from *Not Schools Alone* (California Department of Education, 1990) and *Creating a Comprehensive Community Prevention Plan: Together We Can* (Comprehensive Health Education Foundation, 1990), Montana Board of Crime Control and the Montana Office of Public Instruction.

Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community, 1991, containing material reprinted with permission from the Western Center for Drug-Free Schools and Communities, Montana Board of Crime Control and the Montana Office of Public Instruction.

Evaluation Report: An Evaluation of Drug-Free Schools and Communities Programs in Montana Schools, 1997 and 1999, Montana Office of Public Instruction.

Montana Youth Risk Behavior Survey Report, 1999, Montana Office of Public Instruction.

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Appendix A

Nancy Keenan, Superintendent
Office of Public Instruction
P.O. Box 202501
Helena MT 59620-2501

2000-2001
Comprehensive Program Checklist for Alcohol, Tobacco & Other Drug Abuse Prevention Programs
(Form No. DF-02)

I. IMPLEMENTATION AND INTEGRATION

	Criteria	Degree Criterion is Met (Circle appropriate number.) Completely	Most	Half	Some	Not At All
1.	Student use and attitude survey has been conducted within the past three years.	4	3	2	1	0
2.	Ongoing informal/formal evaluation conducted on a regular basis.	4	3	2	1	0
3.	Staff, students, and community informed of evaluation.	4	3	2	1	0
4.	Records are kept for evaluation of program.	4	3	2	1	0
5.	Advisory committee formed with broad community and school representation; meets at least annually.	4	3	2	1	0
6.	District has an Alcohol, Tobacco and Other Drug Abuse (ATODA) policy for students.	4	3	2	1	0
6a.	Policy prohibits possession and use.	4	3	2	1	0
6b.	Policy states compliance is mandatory.	4	3	2	1	0
6c.	Policy includes standards of conduct and disciplinary sanctions including expulsion and referral for prosecution.	4	3	2	1	0
6d.	Policy provides avenues for referral, assistance and re-entry.	4	3	2	1	0
6e.	Policy is provided to students and parents on an annual basis.	4	3	2	1	0
6f.	Policy provides the same sanctions for similar violations involving alcohol, tobacco or other drugs.	4	3	2	1	0
6g.	Policy requires parental notification for student violations.	4	3	2	1	0
6h.	Policy requires notification of law enforcement for student violations.	4	3	2	1	0

	I. IMPLEMENTATION AND INTEGRATION (continued)					
7.	District has an ATODA policy for employees.	4	3	2	1	0
7a	Policy prohibits possession and use.	4	3	2	1	0
7b.	Policy states compliance is mandatory.	4	3	2	1	0
7c.	Policy includes standards of conduct and disciplinary sanctions including termination and referral for prosecution.	4	3	2	1	0
7d.	Policy provides avenue for referral, assistance and re-entry	4	3	2	1	0
7e	Policy is provided to employees on an annual basis.	4	3	2	1	0
7f.	Policy provides the same sanctions for similar violations involving alcohol, tobacco and other drugs.	4	3	2	1	0
7g.	Policy requires notification of law enforcement for violations.	4	3	2	1	0
8	District has a policy on ATODA education program.	4	3	2	1	0
8a.	Program addresses techniques for resisting peer pressure, building self-confidence and self-esteem.	4	3	2	1	0
8b.	Program addresses legal, social and health consequences of ATODA.	4	3	2	1	0
8c.	Program includes a review for effectiveness, implementing changes, and ensuring consistent enforcement of disciplinary sanctions.	4	3	2	1	0
9.	Policies were developed with input from school and community personnel.	4	3	2	1	0
10	District has developed a long-range plan for comprehensive ATODA programs which includes training and release time.	4	3	2	1	0
11.	District has an ATODA coordinator with ATODA training and release time.	4	3	2	1	0
12.	ATODA program is integrated with other school programs such as academic subjects, co-curricular activities and counseling activities.	4	3	2	1	0
13	ATODA program is integrated with outside agencies such as law enforcement, social services, justice, etc.	4	3	2	1	0
14	Parents are provided educational opportunities for learning about ATODA.	4	3	2	1	0
15.	District offers general awareness programs to the community, staff, students, and parents.	4	3	2	1	0
16.	Parents have an active role in implementing some components of the ATODA program.	4	3	2	1	0
17	District has an Employee Assistance Program.	4	3	2	1	0
18.	ATODA program has adequate multicultural components.	4	3	2	1	0

II. PROGRAMS FOR STUDENTS/COLLATERAL PROGRAMS FOR ADULTS						
19	Distnct has peer programs such as peer helpers, peer tutors and peer training is provided.	4	3	2	1	0
20.	District provides drug free alternative activities.	4	3	2	1	0
21.	District has K-12 Student Assistance Program (SAP) in place.	4	3	2	1	0
22.	District has ATODA alternative educational programs (MTI, TIP, SAP, peer counseling, etc.)	4	3	2	1	0
23.	Distnct offers educational opportunity about ATODA for out-of-school youth.	4	3	2	1	0
24.	Teachers and/or other staff are provided stipends or release time to attend training and to co-facilitate groups.	4	3	2	1	0
25.	Basic ATODA training is provided by district.	4	3	2	1	0
26.	Advanced ATODA training is provided by district.	4	3	2	1	0
27.	Group facilitation training is provided by district.	4	3	2	1	0
28.	ATODA curriculum training is provided by district.	4	3	2	1	0
29	ATODA coordinator training is provided by district.	4	3	2	1	0
30.	Inservices on ATODA provided annually.	4	3	2	1	0
31.	District administration has participated in ATODA training.	4	3	2	1	0
32.	What percent of all school staff have participated in ATODA training?	4	3	2	1	0
33.	What percent of students have participated in ATODA training?	4	3	2	1	0
34.	What percentage of school board members have participated in ATODA training?	4	3	2	1	0
35.	What percent of student athletes have received ATODA training?	4	3	2	1	0
36.	What percent of coaches have received ATODA training?	4	3	2	1	0
37.	What percent of building principals have received ATODA training?	4	3	2	1	0
III. ATODA CURRICULUM						
38.	District has a K-12 ATODA specific curriculum that is developmentally appropriate and sequential at every grade level.	4	3	2	1	0
39.	ATODA curriculum is provided for all students.	4	3	2	1	0
40.	Curriculum is up-to-date and accurate.	4	3	2	1	0
41.	Curriculum is reviewed periodically to check for relevance and effectiveness.	4	3	2	1	0
42.	Coordinates with and involves other disciplines at each grade level (e.g., health, literature, science, social studies).	4	3	2	1	0
43.	Includes a continuum of knowledge and life skills competencies that will affect the decisions students have to make about ATODA issues.	4	3	2	1	0

III. ATODA CURRICULUM (continued)						
44.	Contains a mechanism for continuing evaluation and revisions of curriculum materials to incorporate current information; resource/library materials are reviewed.	4	3	2	1	0
45.	Demonstrates sensitivity to the specific needs of the local school and community in terms of cultural appropriateness and local ATODA problems.	4	3	2	1	0
46.	Includes appropriate information on intervention and referral services including community ATODA programs.	4	3	2	1	0
47.	Uses peer education with students trained to provide information, facilitate discussion, and demonstrate skills to other students.	4	3	2	1	0
	TOTALS (of each column)					
					GRAND TOTAL (of all columns)	

IV. EXPANDED PROGRAMS			
48.	Does the ATODA program include the Montana High School Association sponsored AIM HIGHER program?	YES	NO
49.	Is the ATODA program based on current research involving "risk" and "protective" factors?	YES	NO
50.	Are programs in place to deter student dropout incidence?	YES	NO
51.	Are after school or other programs designed for students considered "at risk" in place?	YES	NO
52.	Does your school have policy prohibiting smoking by all students and staff as per the Pro-Children Act of 1994?	YES	NO
53.	Does your school have a "gun-free schools" policy stating that any students bringing firearms to school will be expelled for one year?	YES	NO

==========

RATING KEY:

260 - 196 = COMPREHENSIVE PROGRAM IS BEING IMPLEMENTED. STRENGTHENING OF LOWER RATED ELEMENTS IS RECOMMENDED.

195 - 131 = SOME PROGRAM ELEMENTS ARE INSUFFICIENT. REVISION OF LOW-RATED ELEMENTS RECOMMENDED.

130 - 66 = MANY PROGRAM ELEMENTS ARE INSUFFICIENT OR ABSENT. REVISION OR DEVELOPMENT OF LOW-RATED ELEMENTS IS NECESSARY.

65 - 0 = PROGRAM IS NOT COMPREHENSIVE. EXTENSIVE DEVELOPMENT AND IMPLEMENTATION IS REQUIRED.

==========

COMMENTS:

Name of person completing this form: (print)_____

Phone:_____

Appendix B

Figure B-1

Basic Framework of a Comprehensive ATODA Program.

ELEMENTS:

Q5 Advisory Committee
Q14 Parent Education
Q17 Employee Assistance Program
Q19 Peer Programs
Q20 Drug-Free Alternative Activities
Q21 K-12 Student Assistance Program
Q38 K-12 ATODA Sequential Curriculum
Q39 Curriculum Provided to all Students

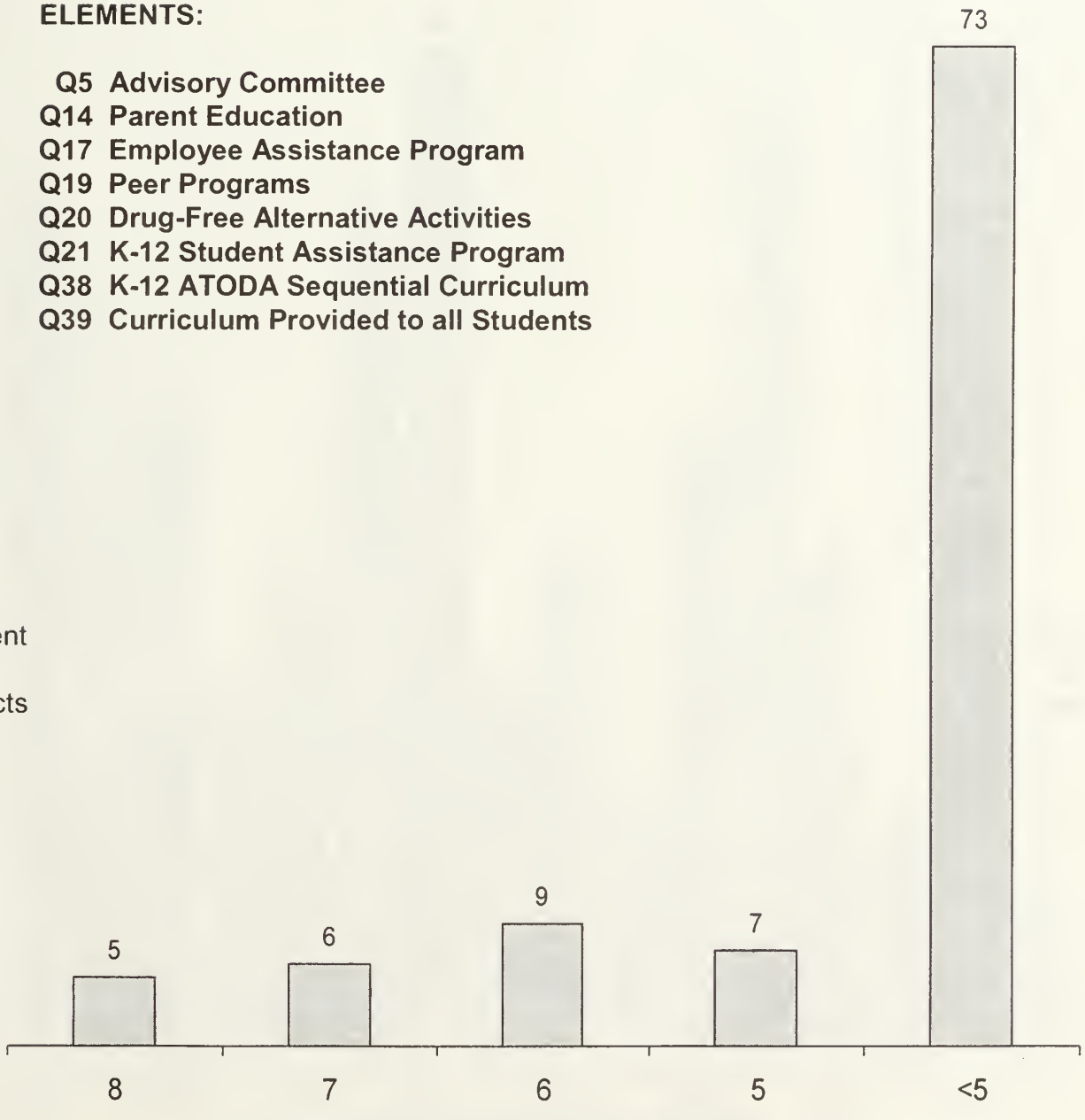


Figure B-2a

Basic Framework Elements "Fully Completed"

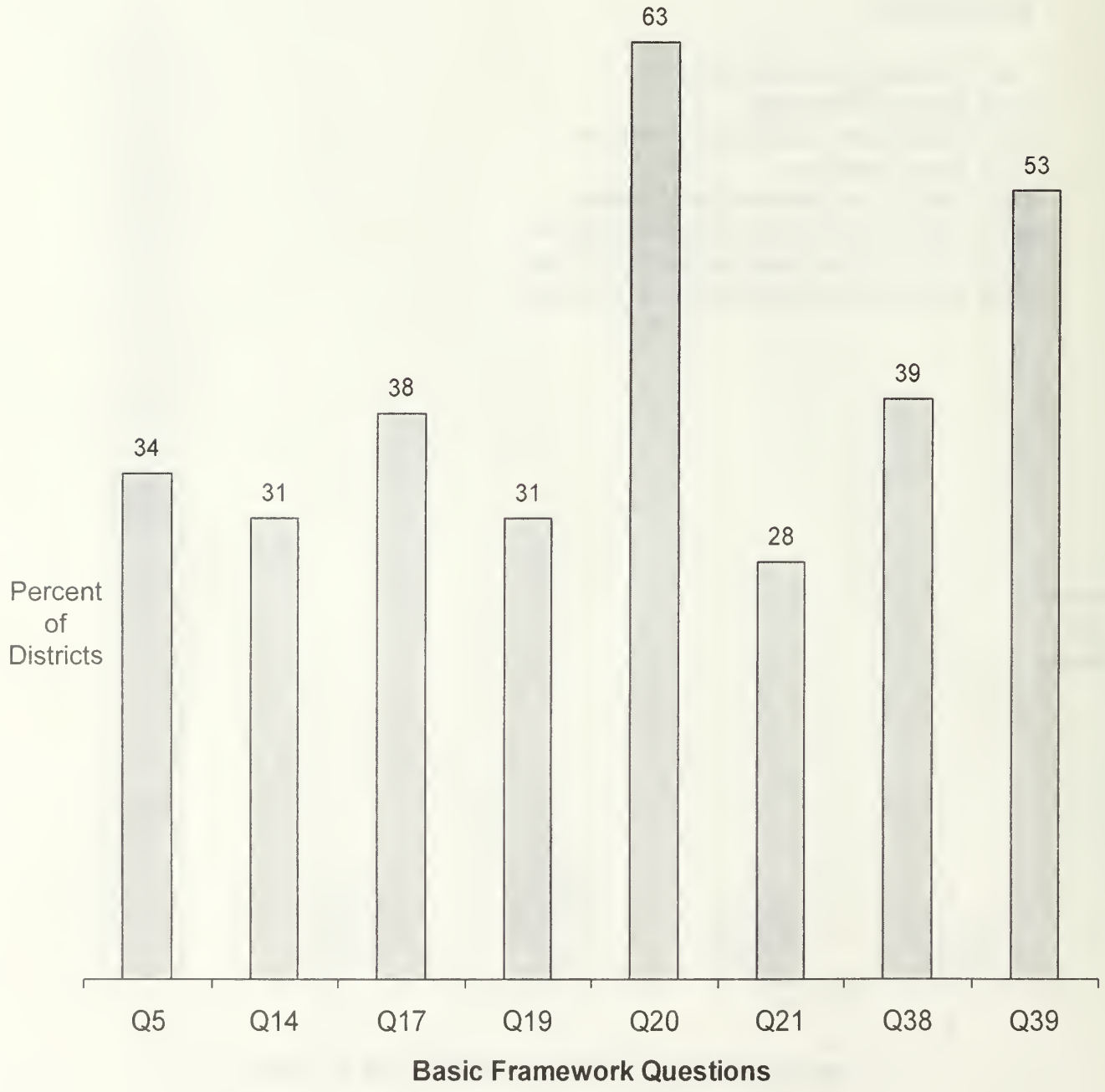


Figure B-2b

Basic Framework Elements "Not At All" Completed

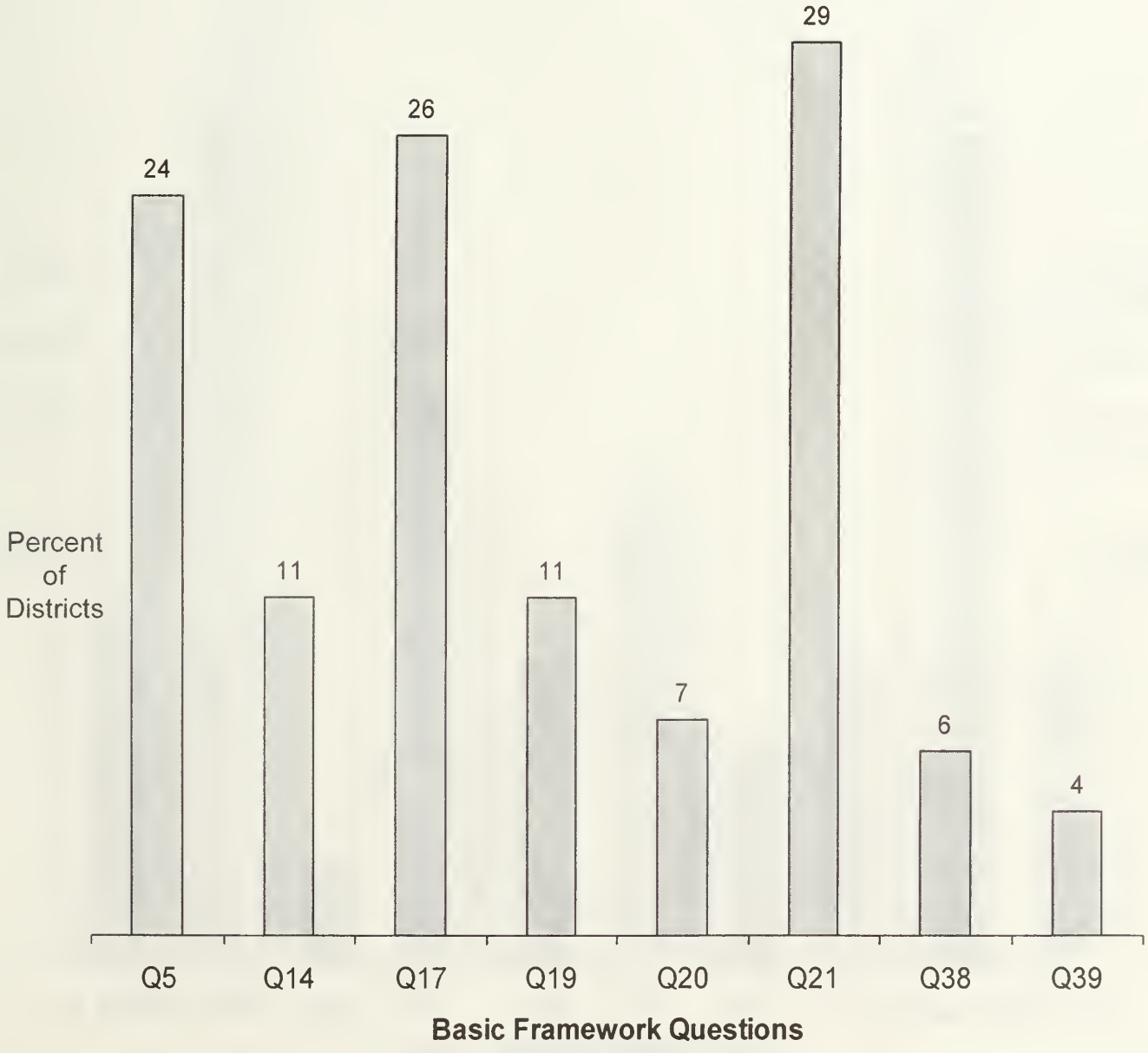
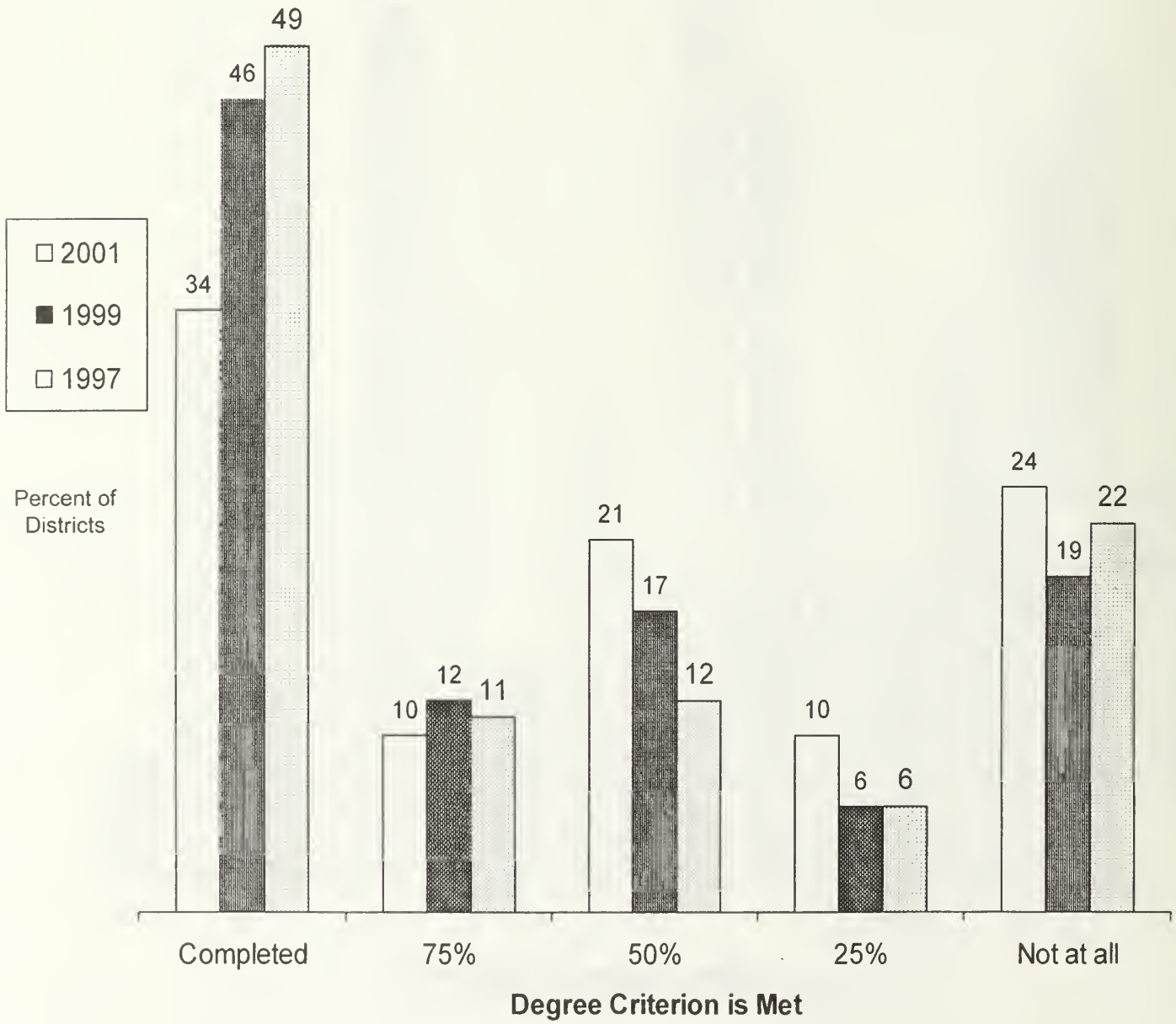


Figure B-3

Q5.
Advisory committee formed with broad community and school representation; meets at least annually.



Q14.
Parents are provided educational opportunities for learning about ATODA.

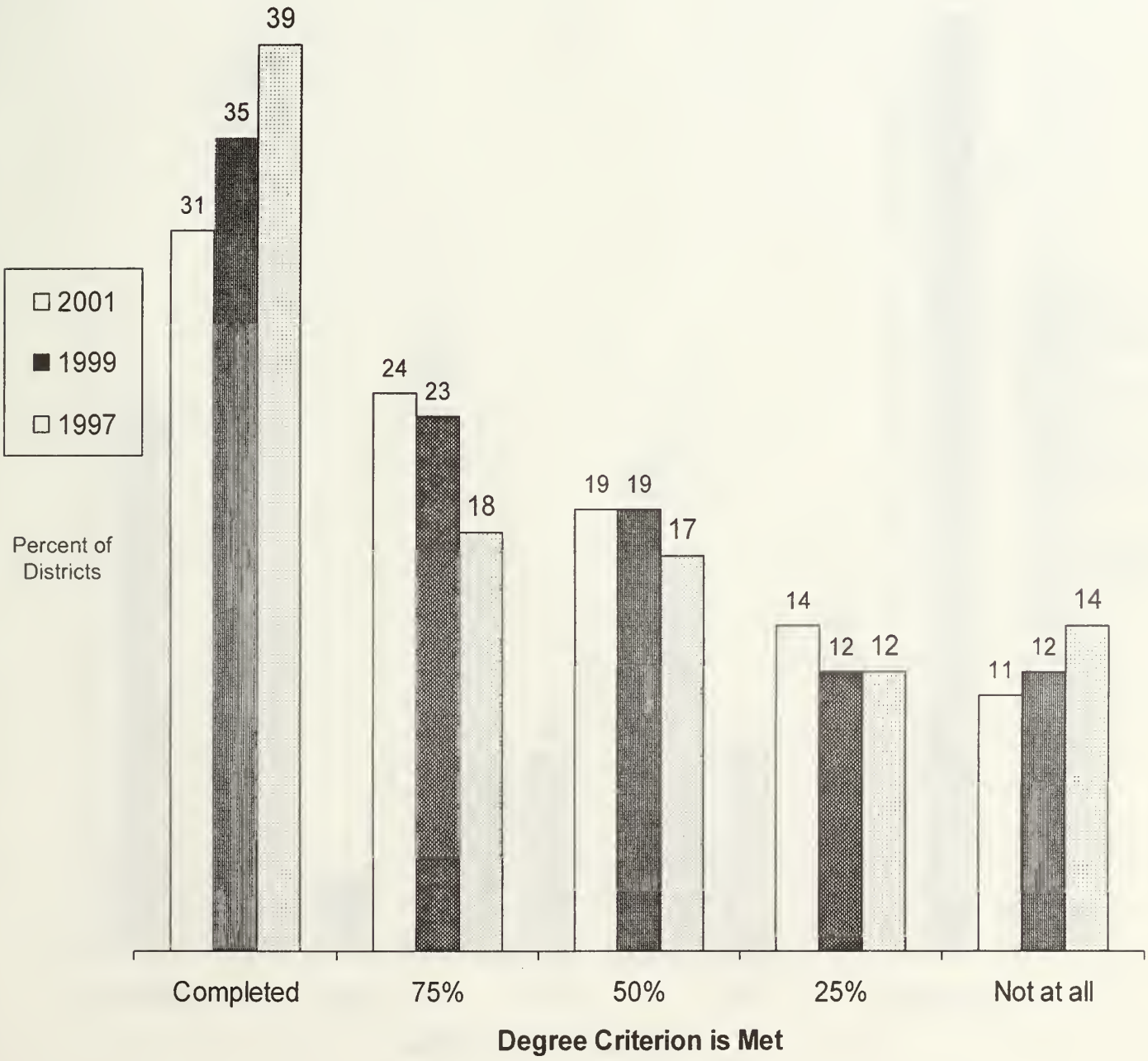
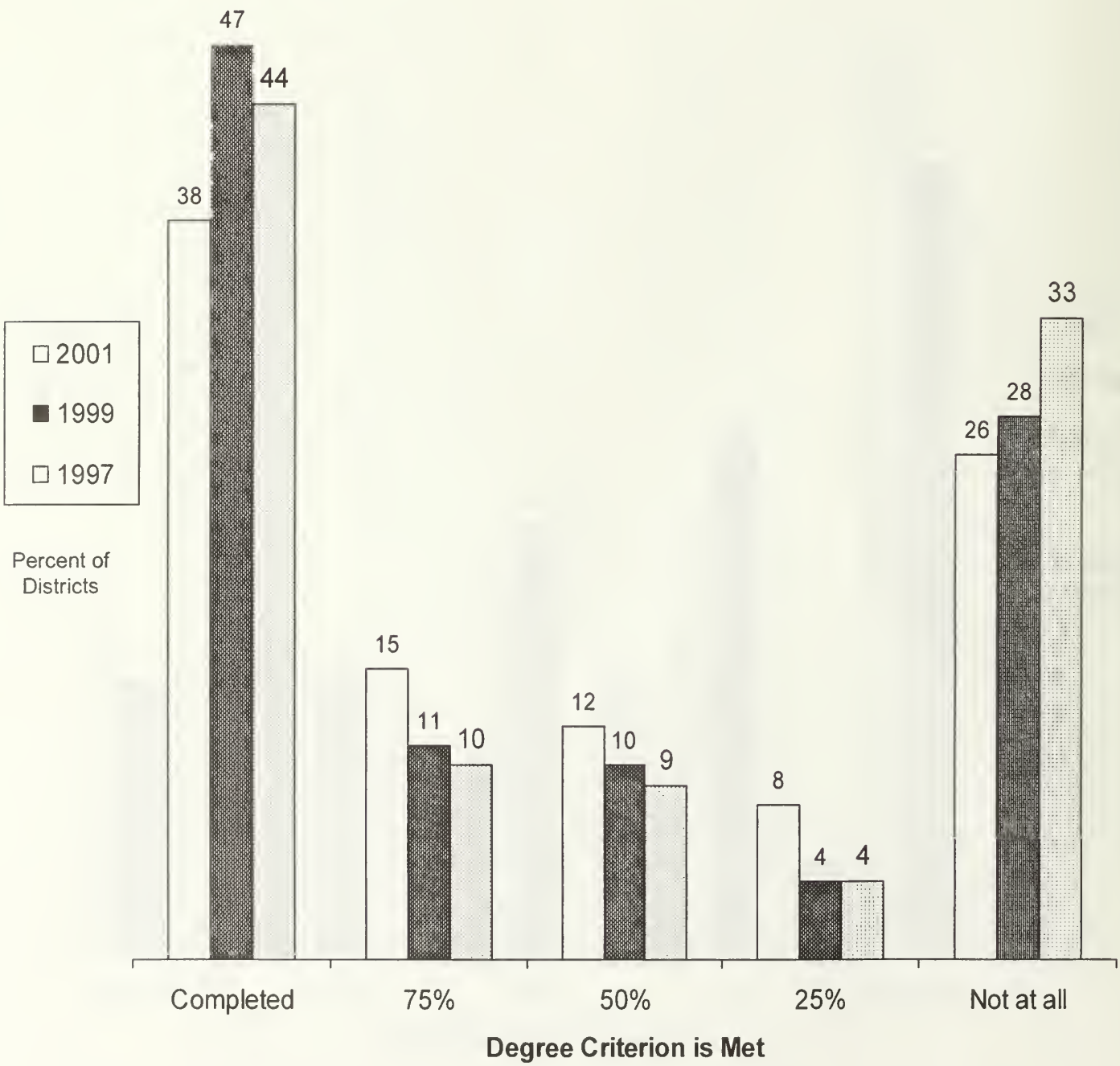
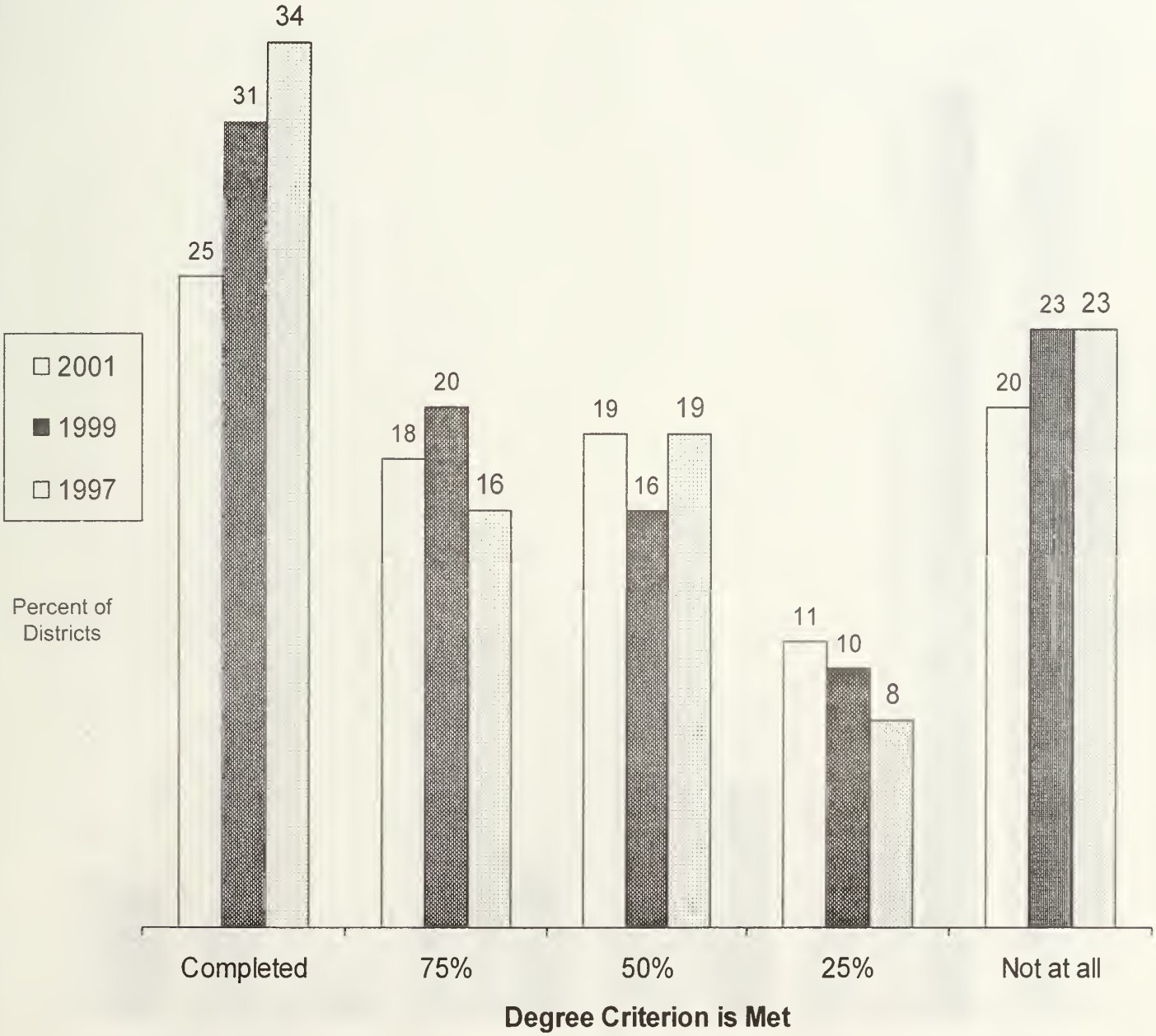


Figure B-5

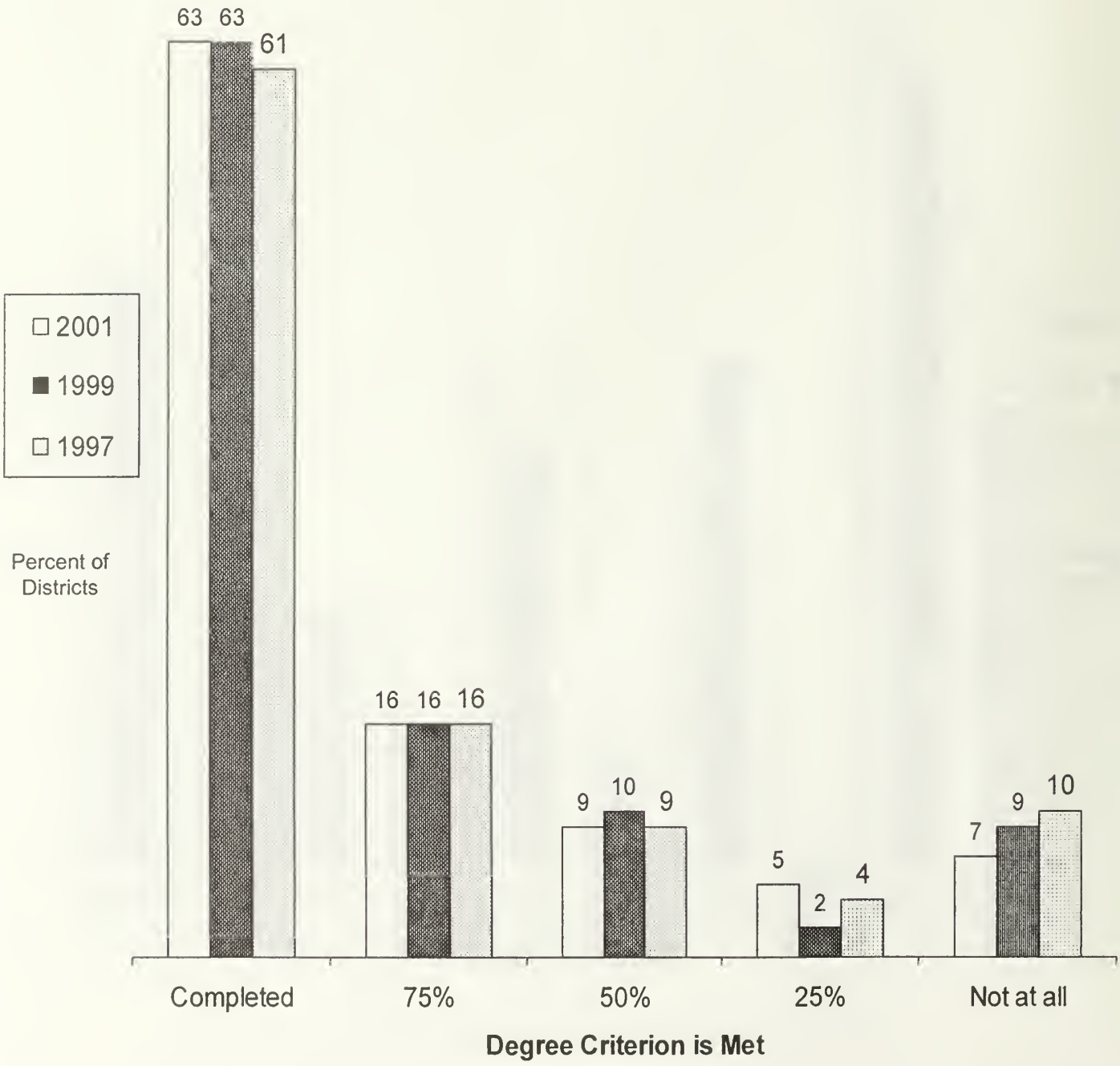
Q17.
District has an Employee Assistance Program.



Q19.
District has peer programs such as peer helpers, peer tutors and peer training is provided.



Q20.
District provides drug-free alternative activities.



Q21.
District has K-12 Student Assistance Program (SAP) in place.

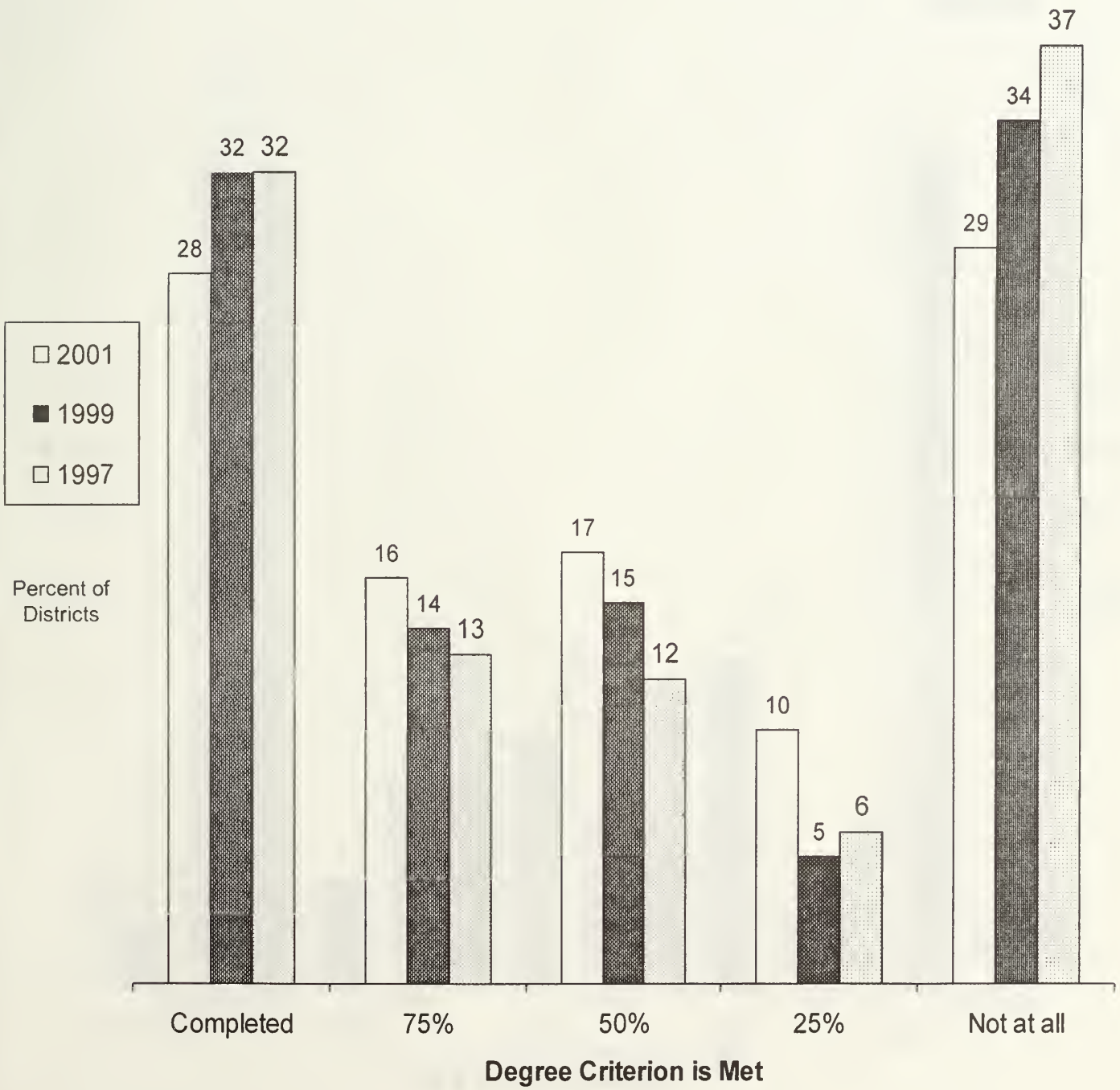
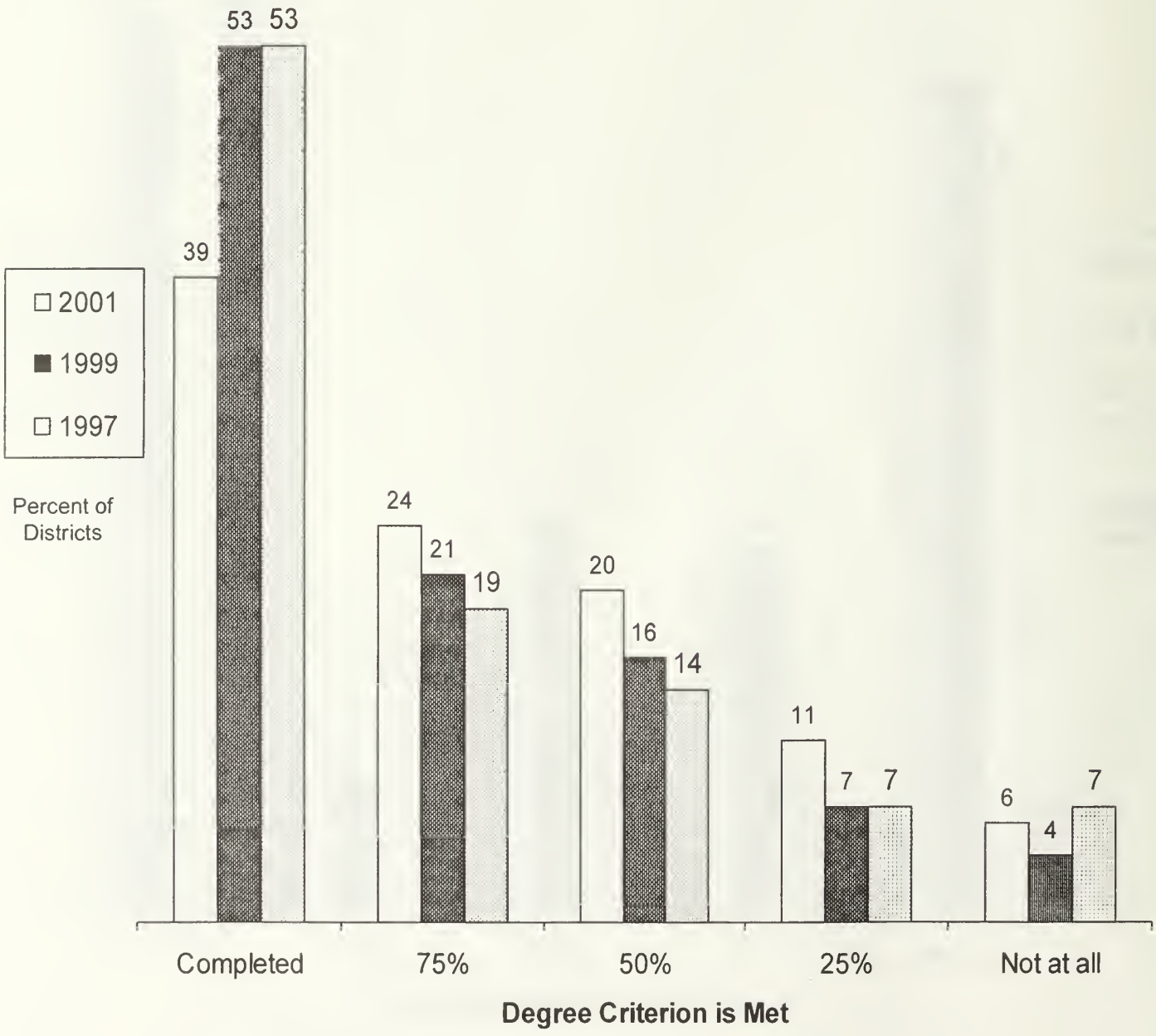
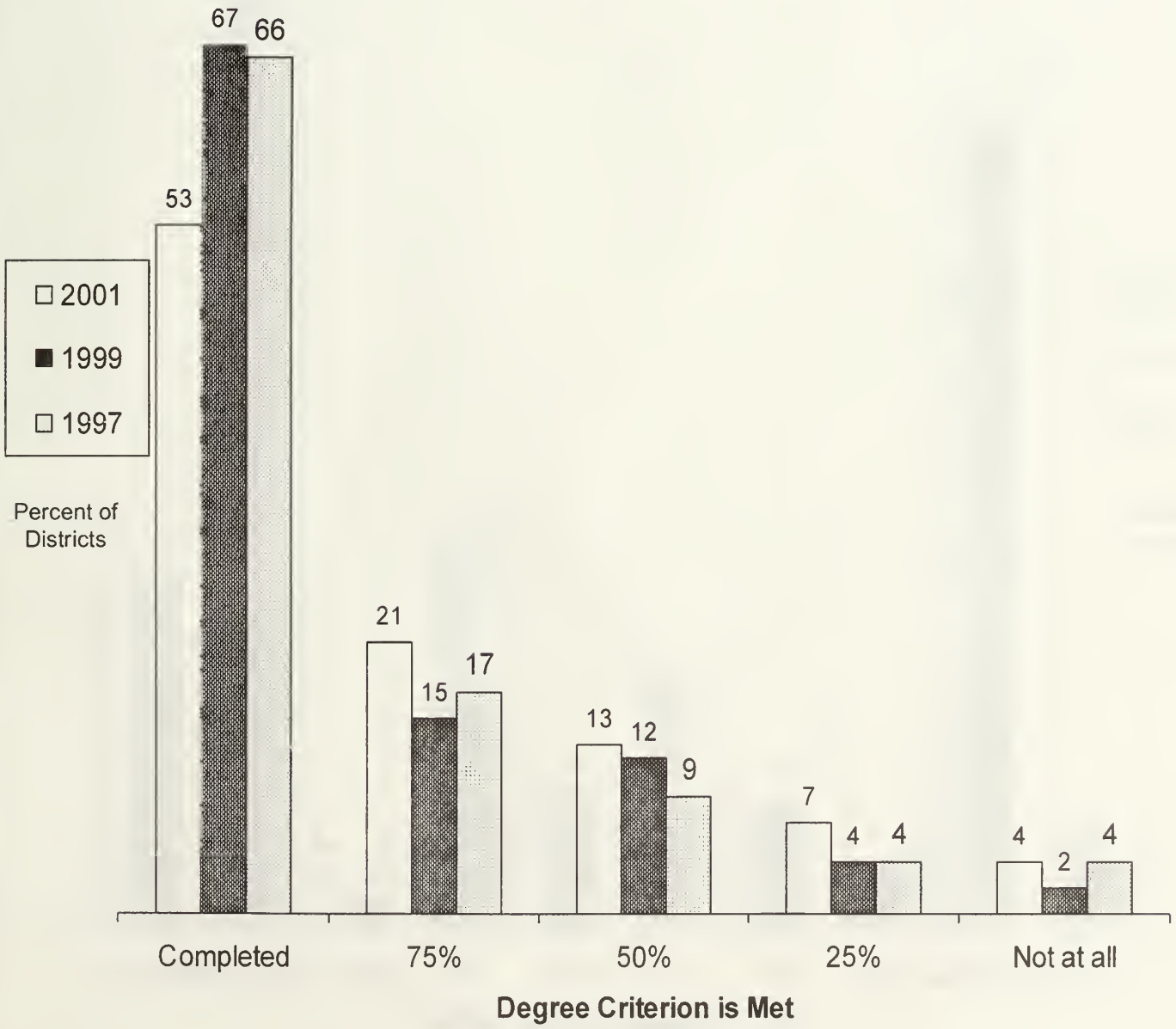


Figure B-9

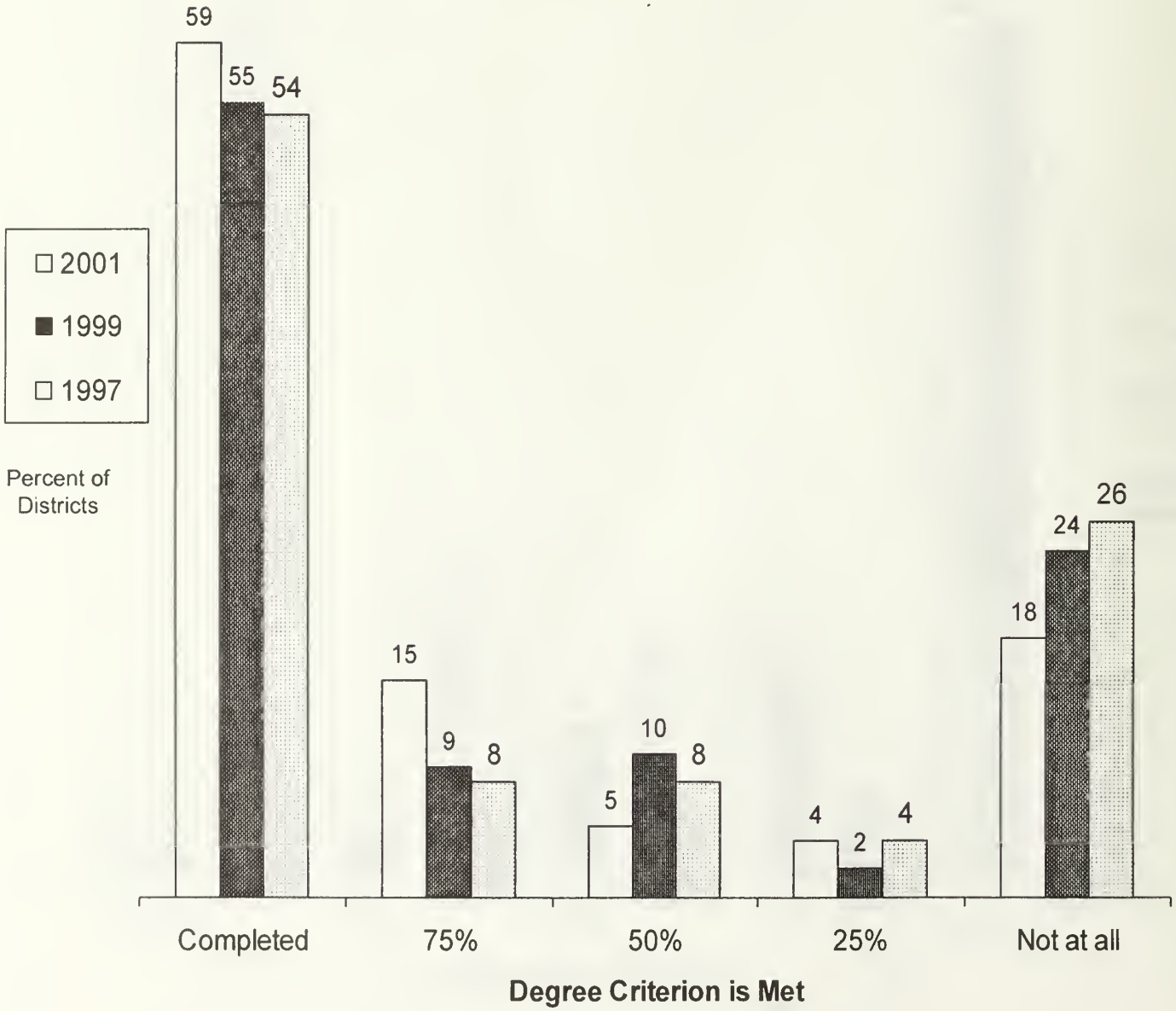
Q38.
District has a K-12 ATODA specific curriculum that is developmentally appropriate and sequential at every grade level.



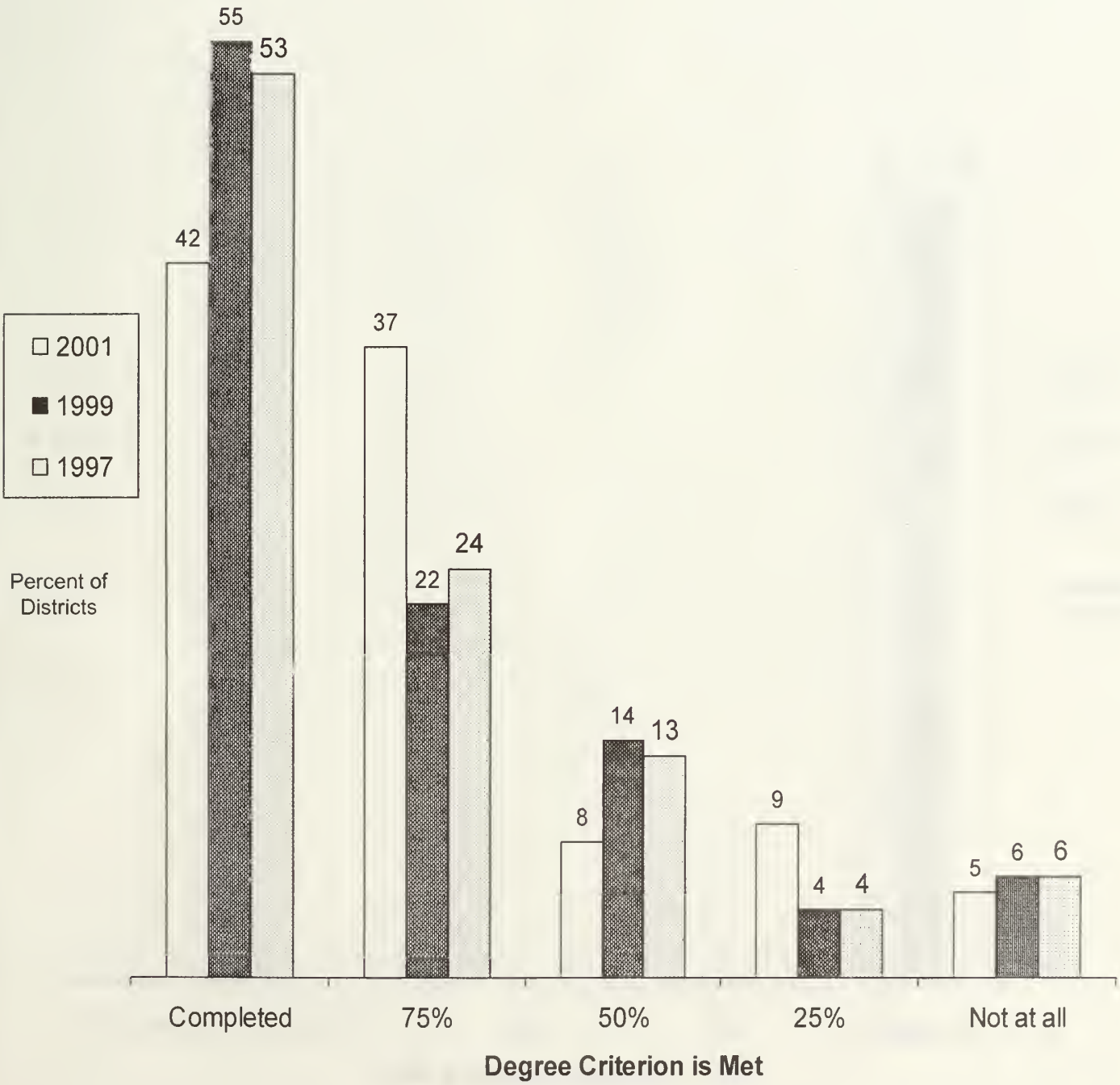
Q39.
ATODA curriculum is provided for all students.



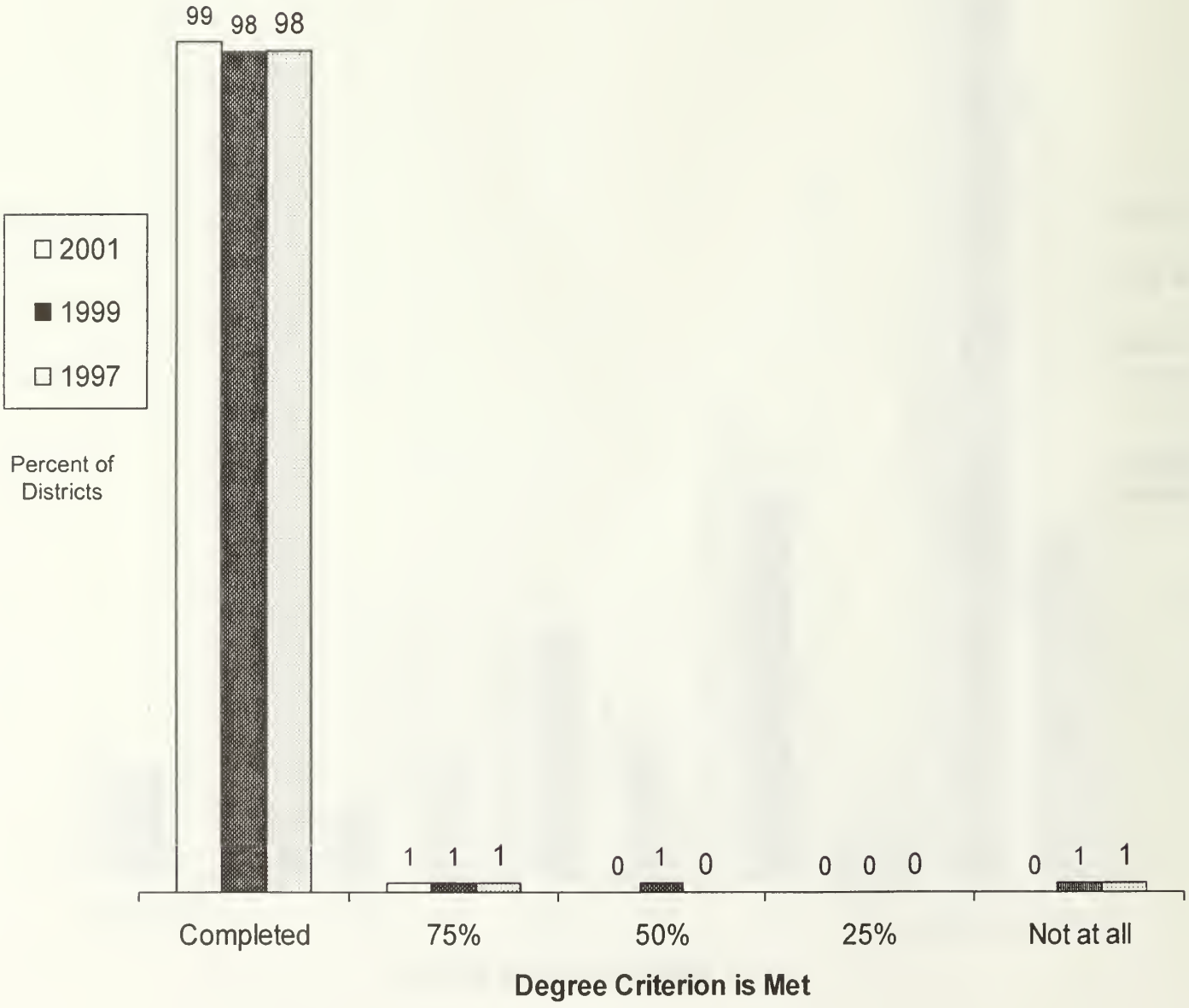
Q1.
Student use and attitude survey has been conducted within the past three years.



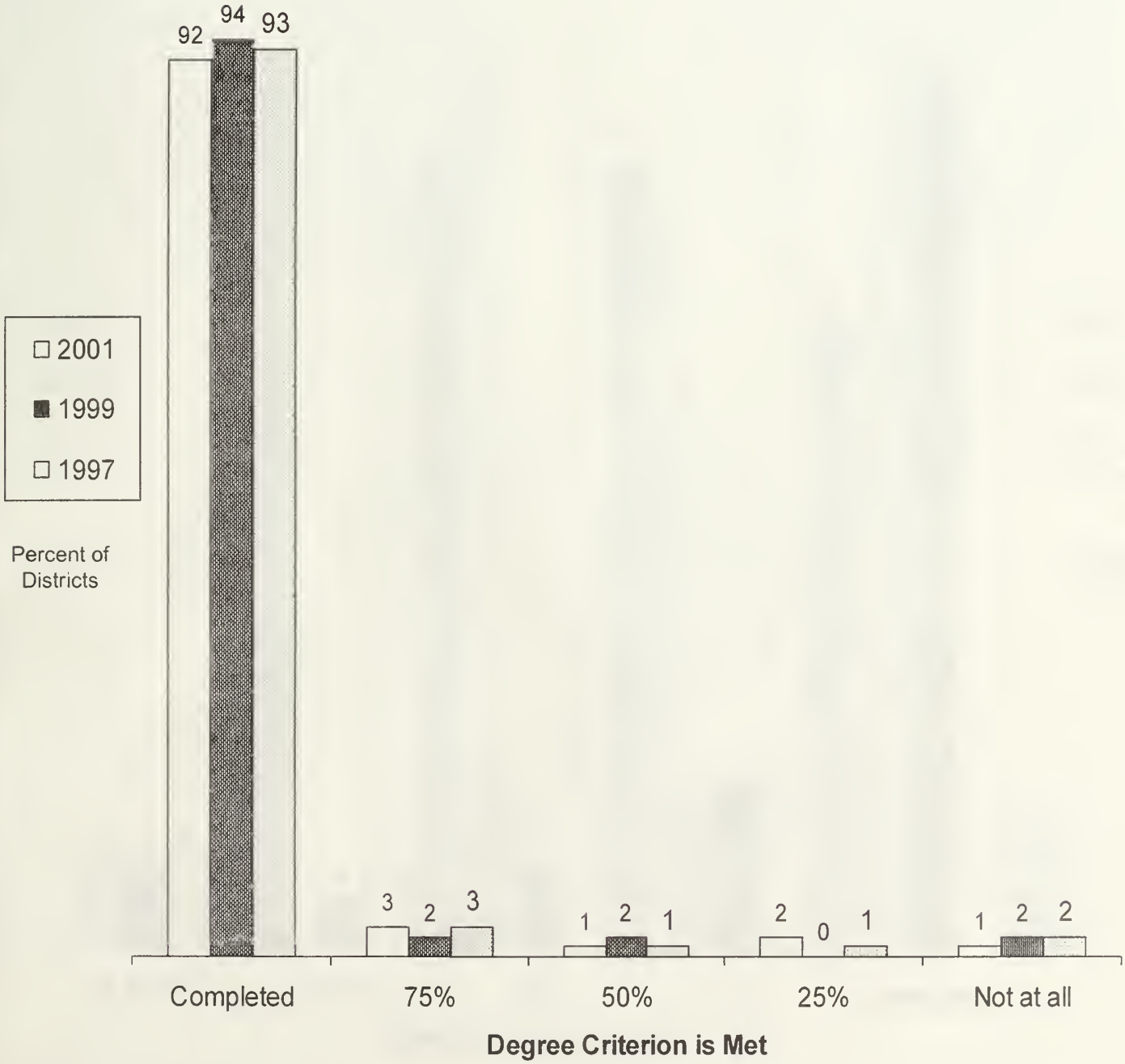
Q2.
Ongoing informal/formal appraisal conducted on a regular basis.



Q6.
District has an Alcohol, Tobacco and Other Drug Abuse (ATODA) policy for students.



Q7.
District has an ATODA policy for employees.



Q8.
District has a policy on ATODA education program.

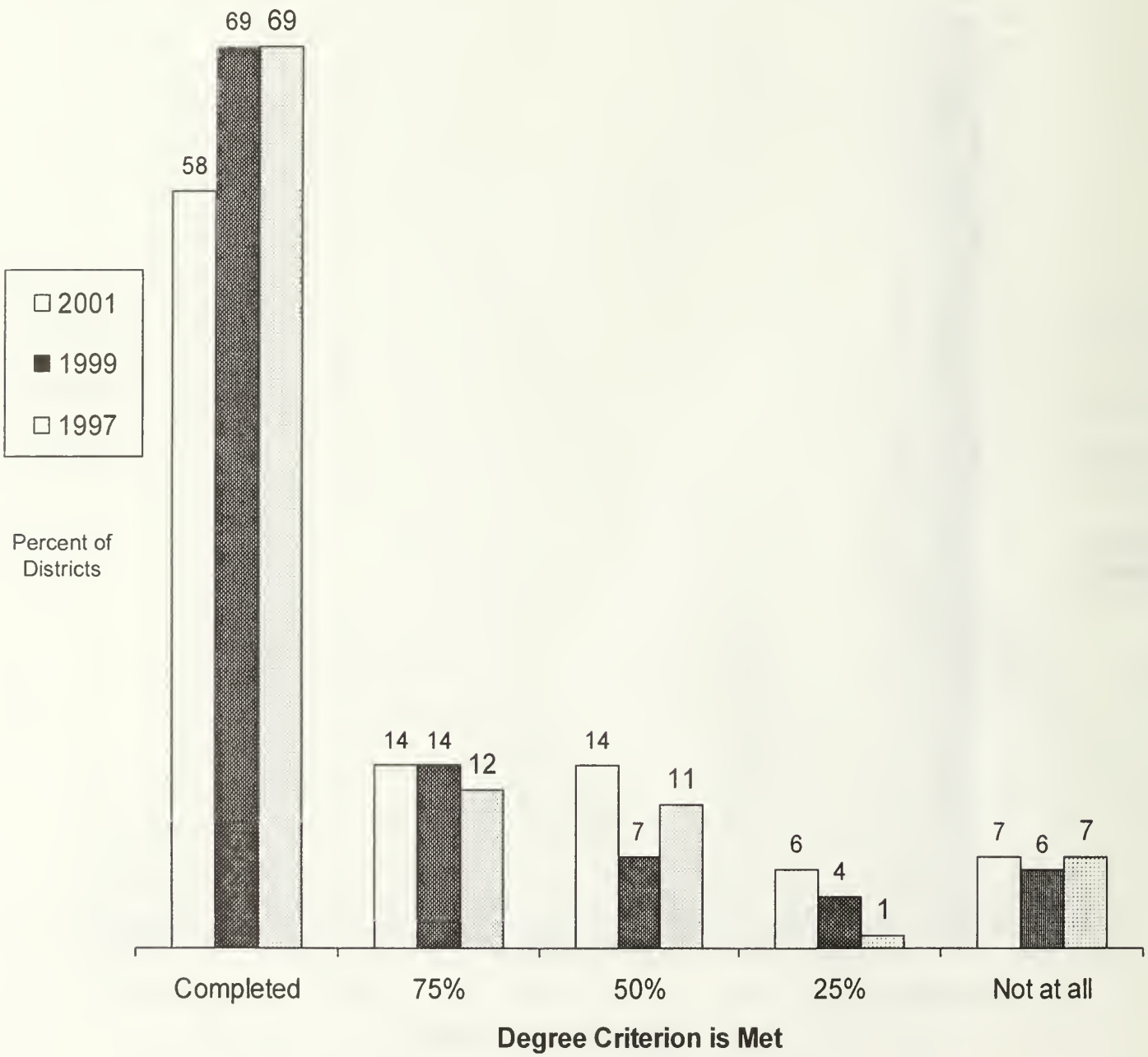
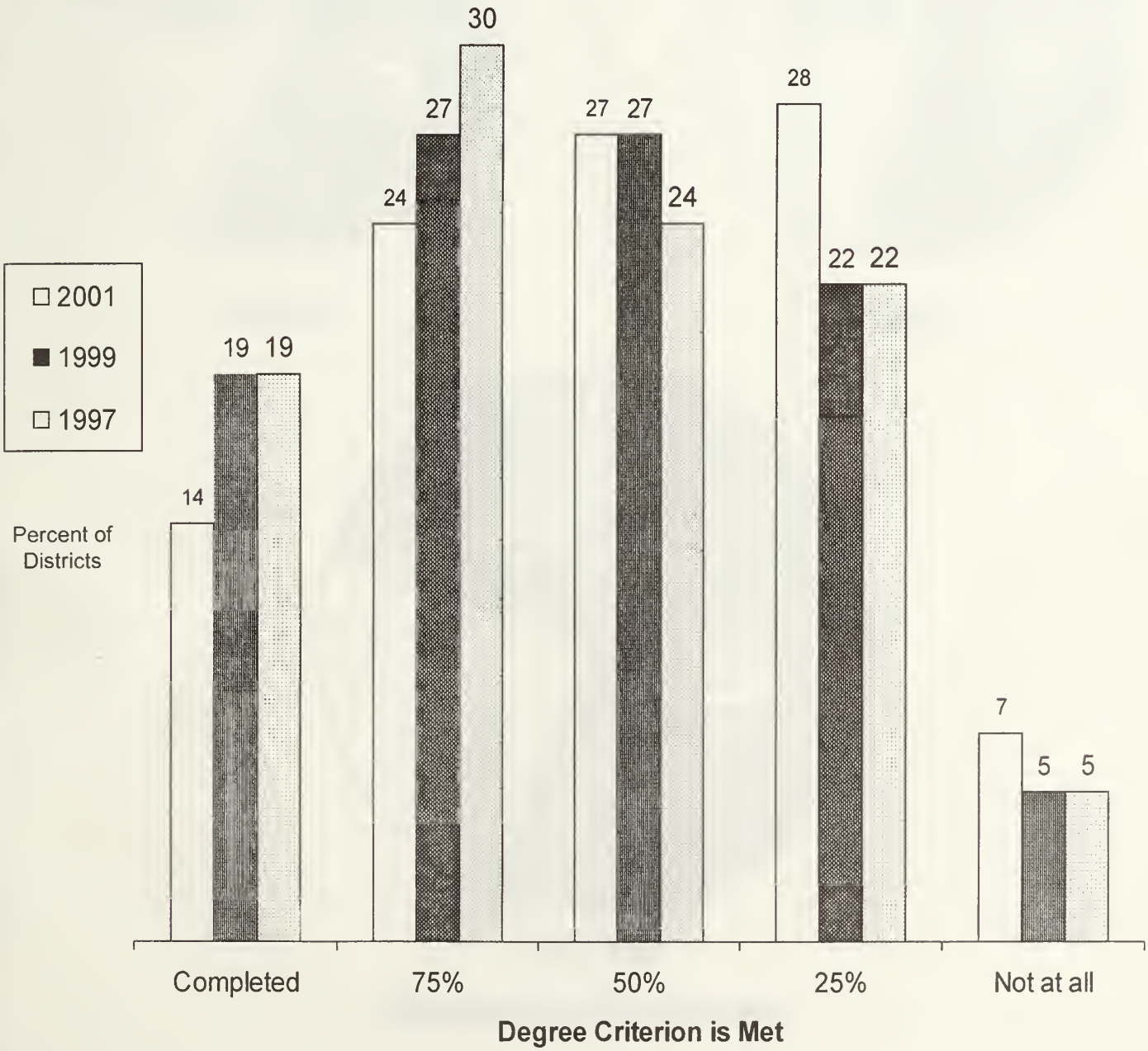
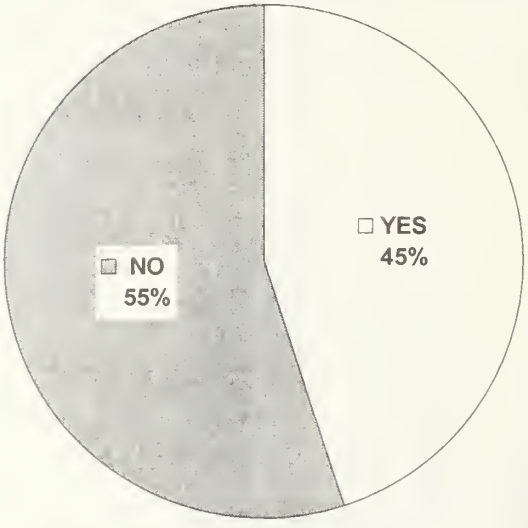


Figure B-16

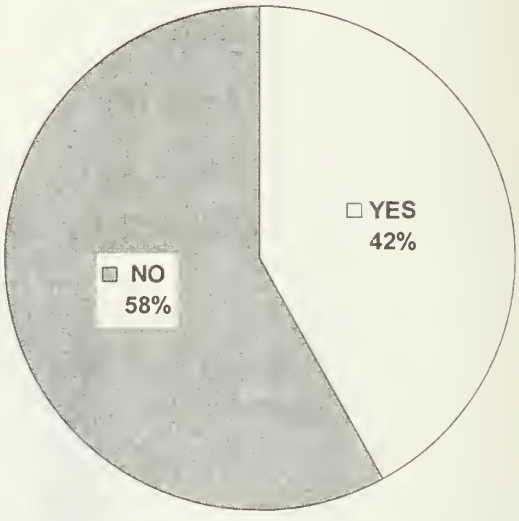
Q32.
What percent of all school staff have participated in ATODA training?



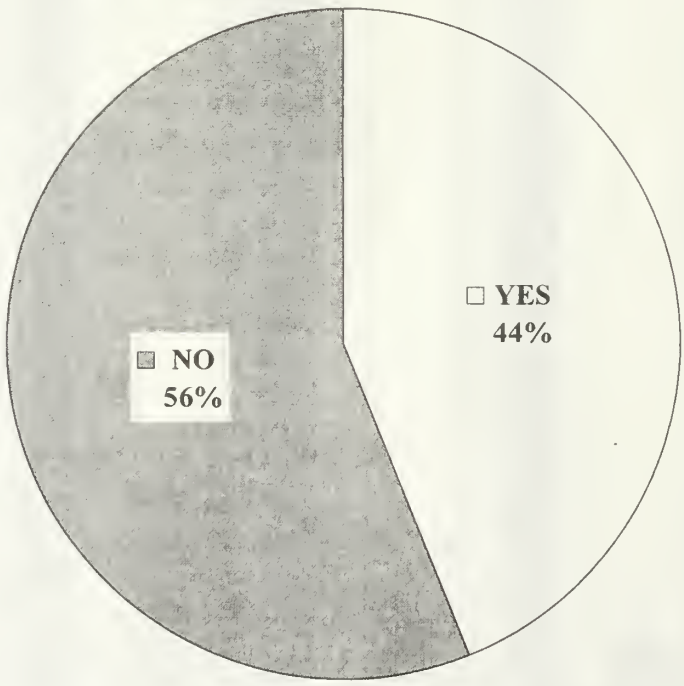
Q48.
Does the ATODA program include the Montana High School Association sponsored AIM Higher Program?



1997 Data



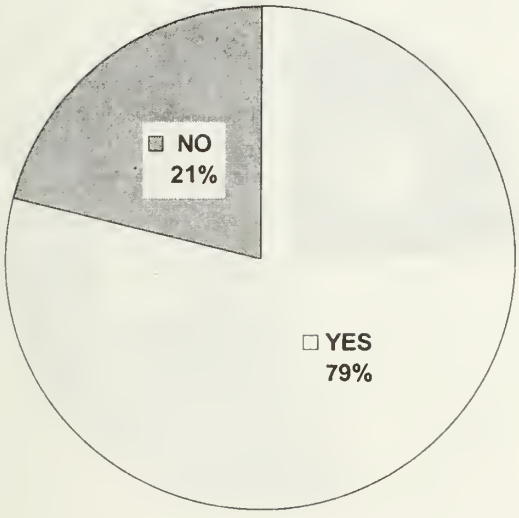
1999 Data



2001 Data

Percent of Districts Responding

Q49.
Is the ATODA program based on current research involving "risk" and "protective" factors?



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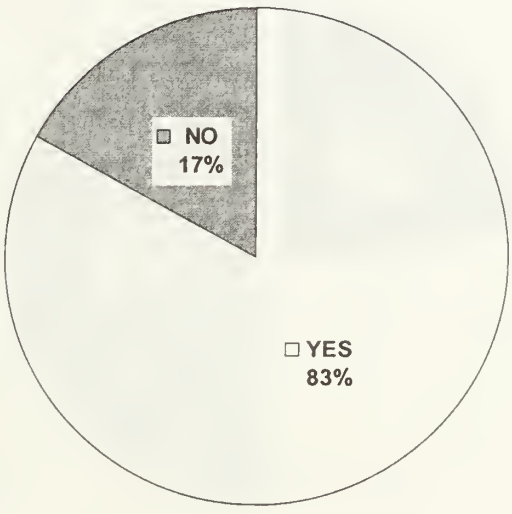

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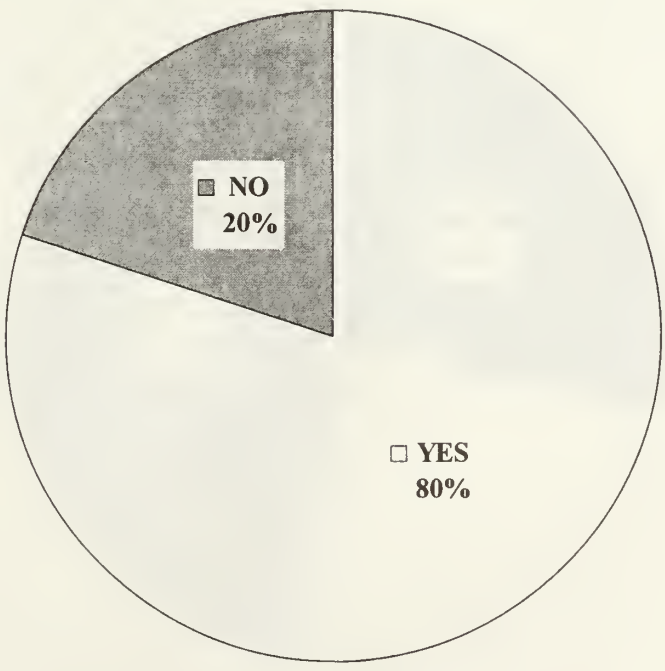
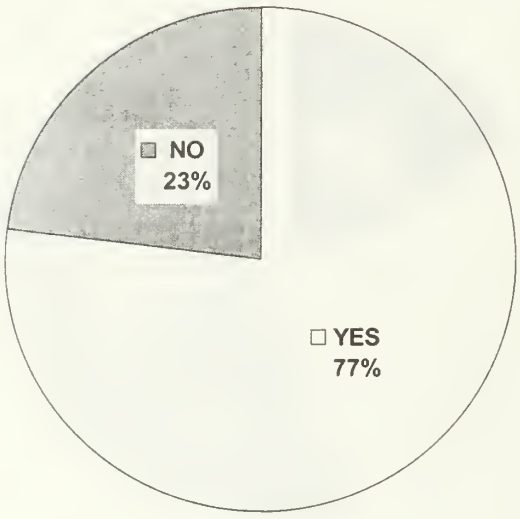


2001 Data

Percent of Districts Responding

Figure B-19

Q50.
Are programs in place to deter student dropout incidence?



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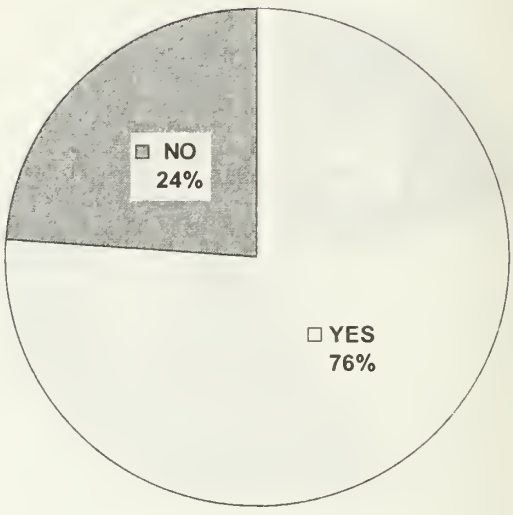

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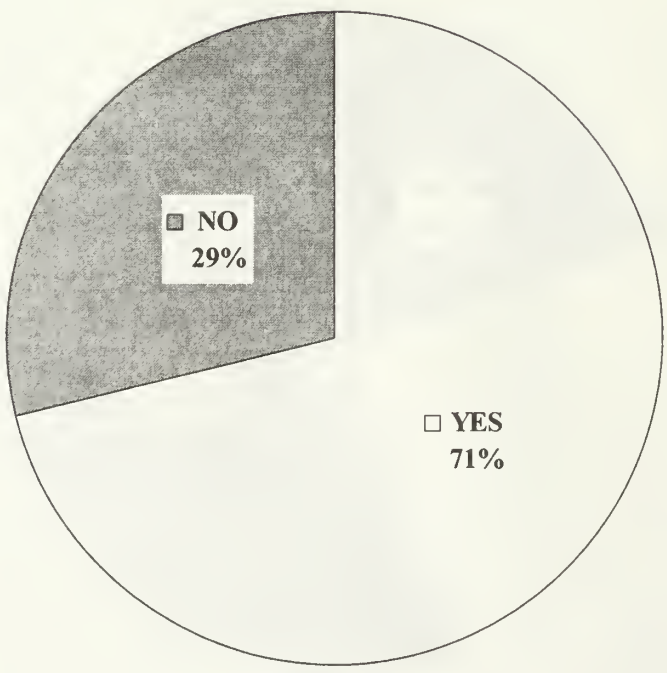
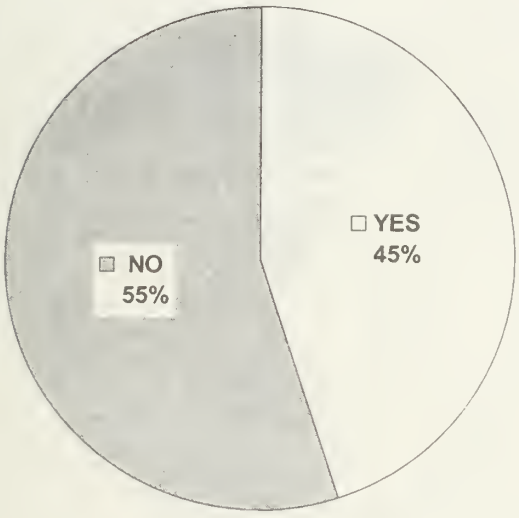


2001 Data

Percent of Districts Responding

Q51.
Are after-school or other programs designed for students considered " at risk" in place?



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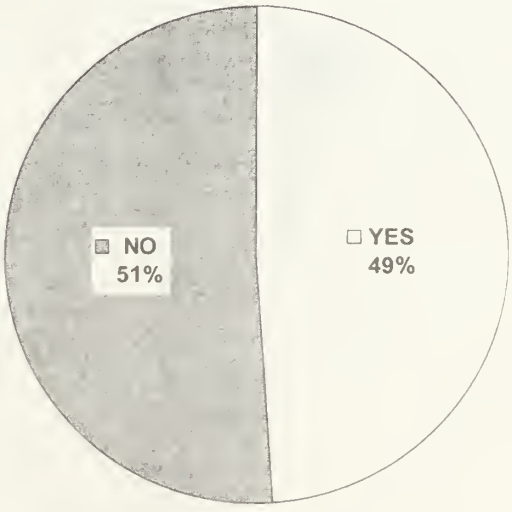

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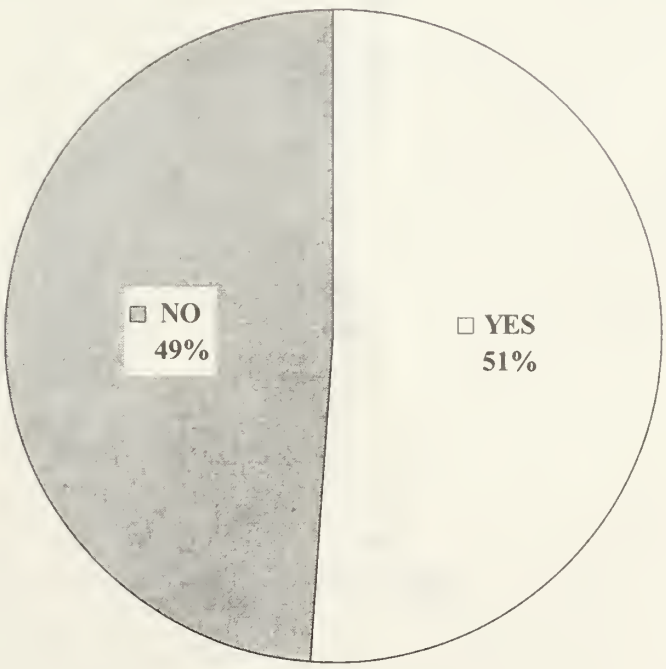
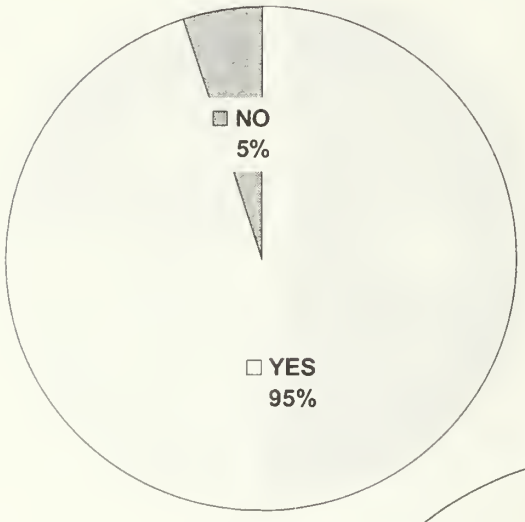


2001 Data

Percent of Districts Responding

Figure B-21

Q52.
Does your school have policy prohibiting smoking by all students and staff?



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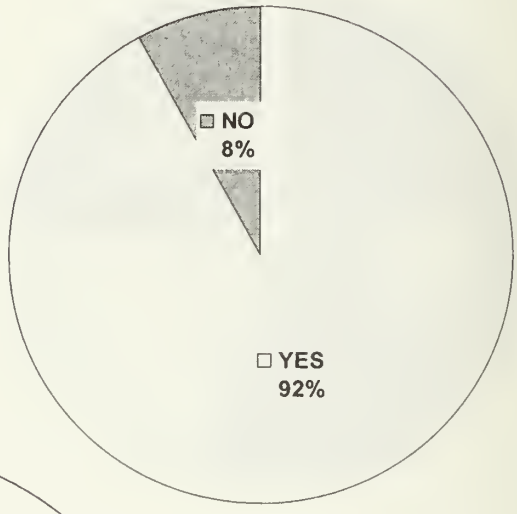

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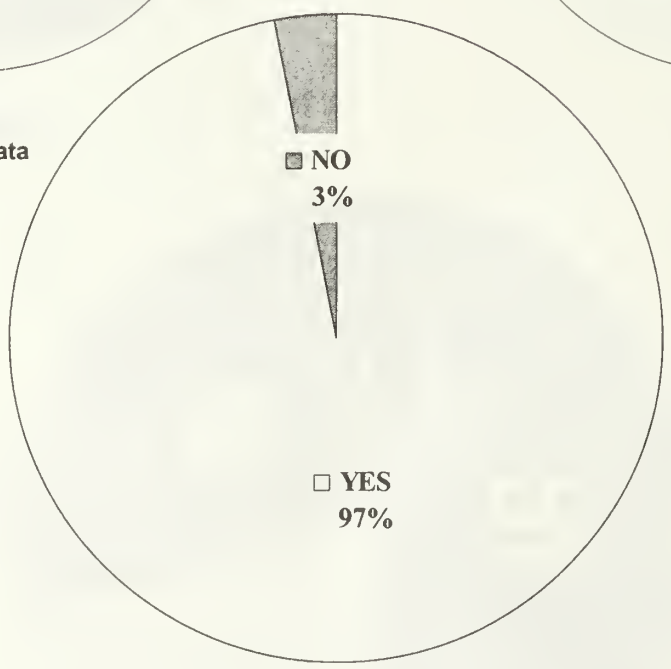
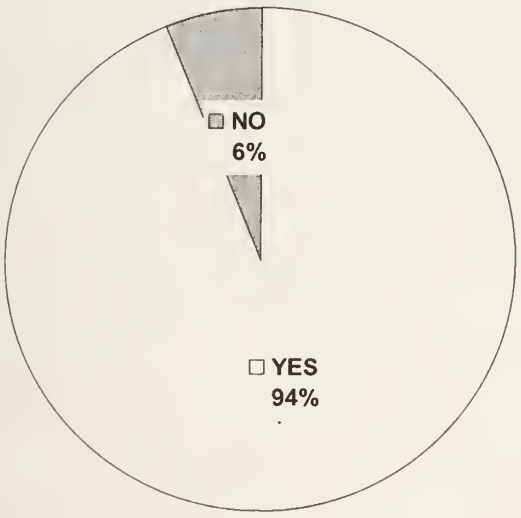


2001 Data

Percent of Districts Responding

Q53.
Does your school have a "gun-free schools" policy?



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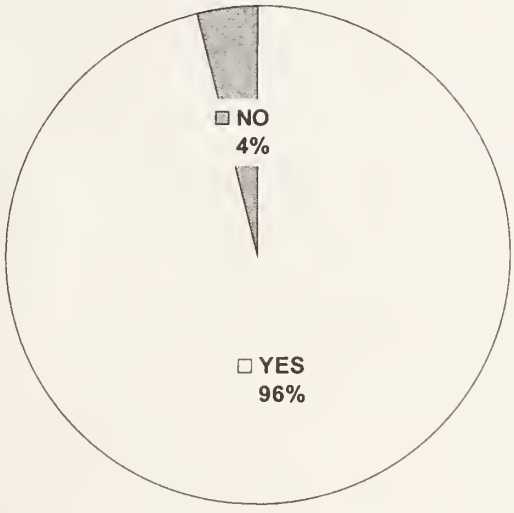

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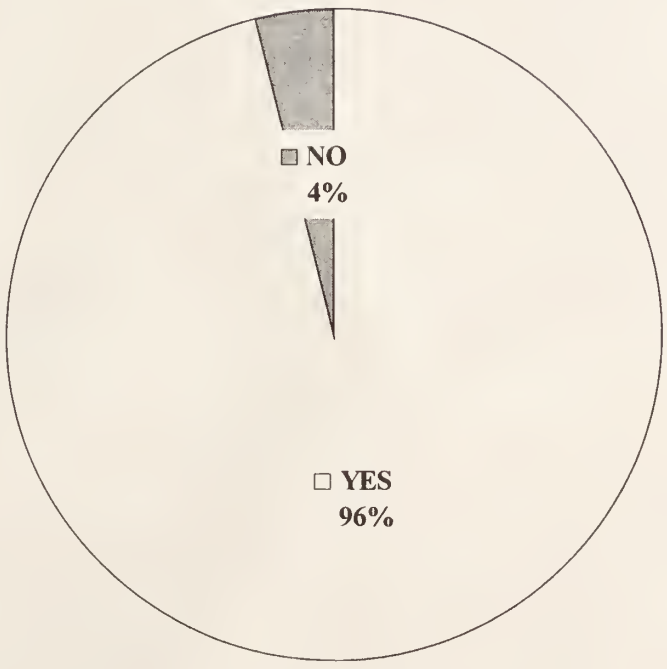

2001 Data

Percent of Districts Responding

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